

Union State Bank Bill Payment Application

Please print this form, complete it, sign where indicated and return to Union State Bank or enclose in an envelope and mail to: Union State Bank, PO Box 468, Hazen, ND 58545-0468.

Checking Account # for Bill Payment: _____

*Please select a checking account to be automatically debited for any payments you create using Bill Payment. Savings accounts cannot be used for funding Bill Payment transactions.

Primary Account Holder

First Name or Business: _____ Middle Initial: ____

Last Name: _____

Phone Number: _____

Address: _____

City: _____

State: _____ Zip: _____

Social Security # or TIN #: _____

Secondary Account Holder

First Name: _____ Middle Initial: ____

Last Name: _____

Phone Number: _____

Social Security #: _____

Signature of Authorized Party

Signature of Authorized Party
(if joint accounts)

Date Signed

Date Signed

For Internal Use Only:

Input By: _____

NetTeller ID#

Date Input

